

**Abbreviated Preliminary Assessment**

**for the**

**Ferrell Gas Cylinder Site  
Lee's Summit, Missouri**

**Superfund Site ID# TB**

**CERCLIS # MO0001900612**

**January 8, 1999**

*Paul Doherty  
Superfund Division  
U.S. Environmental Protection Agency  
Region 7  
Kansas City, Kansas*

126418



S00125593  
SUPERFUND RECORDS

## Introduction

The Ferrell Gas Cylinder Site was the site of a fund-lead response action undertaken by EPA at the request of the state to remove a cylinder of chlorine gas abandoned by unknown parties in Lee's Summit, Missouri. The removal action by EPA prompted the completion of a Superfund *Potential Hazardous Waste Site Identification* form, on April 14, 1997. The CERCLIS site discovery date is July 19, 1995.

Because a *Potential Hazardous Waste Site Identification* form was completed, the site was entered into CERCLIS as a potential hazardous waste site. CERCLIS entry triggers the requirement to complete a *Preliminary Assessment* under the provisions of the *National Contingency Plan* (NCP).<sup>1</sup>

Because the Agency has made a determination that no further removal or remedial action is required or planned, the site qualifies for an "abbreviated" PA in accordance with Section 2.2.4 of the *EPA Guidance for Performing Preliminary Assessments Under CERCLA*<sup>2</sup> and Section 300.420 of the NCP as reviewed by Region VII Office of Regional Counsel.<sup>3</sup>

This abbreviated PA has been prepared to satisfy the administrative requirements of the NCP with regard to PA documentation.

## Site Description, Operational History, and Waste Characteristics

### Location

The site is located at 1206 Southwest Market Street, in a light commercial business area of Lee's Summit, Missouri. The geographic coordinates for the site are latitude 38°, 53', 54" and longitude -94°, 22', 35". Figure 1 is a site location map.

### Site Description

On April 10, 1997, Mr. Norm Brown, MDNR, contacted EPA to request technical assistance

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<sup>1</sup> 40 CFR, Subpart E, 300.420

<sup>2</sup> U.S. EPA, Office of Emergency and Remedial Response, *EPA Guidance for Performing Preliminary Assessments Under CERCLA*, Washington, D.C., September 1991.

<sup>3</sup> *Legal Requirements for CERCLA Preliminary Assessments*, Memo from Dave Cozad, Region VII Office of Regional Counsel to Paul Doherty, Region VII Superfund Division, USEPA Region VII, Kansas City, Kansas, November 13, 1997.

to respond to a report of a leaking chlorine gas cylinder at the Ferrell Gas Company property in Lee's Summit, Missouri. Representatives from the Ferrell Gas Company reported that the cylinder was abandoned on their property by an unknown party and that the Company did not produce or distribute chlorine gas products. Neither the Company nor the State had the technical expertise or resources to safely handle or dispose of the cylinder and EPA assistance was requested.<sup>4</sup>

## **Operational History and Waste Characteristics**

As noted above, the site came to the attention of EPA on April 10, 1997 when the Missouri Department of Natural Resources (MDNR) requested EPA's assistance to remove and dispose of an abandoned cylinder of chlorine gas. Personnel from EPA's Emergency Response and Removal Branch responded to the site on April 10, 1997 and discovered that the cylinder was in poor structural condition and leaking. The cylinder was overpacked and transported to the EPA, RCRA-storage facility until specialized equipment could be located to better secure the leaking cylinder.

The following day, April 11, 1997, EPA requested technical assistance from the Chlorine Institute and was referred to a contact with Vulcan Chemical Company, the regional representative for the Chlorine Institute. It was determined that, because of the unstable condition and the non-standard dimensions of the cylinder, a specially trained and equipped chlorine-disposal contractor was required. Environmental Management Inc., (EMI), out of Guthrie, Oklahoma, the regional Chlorine Institute's response contractor, was contracted by EPA to complete the transportation and neutralization of the chlorine cylinder. EMI travelled to Kansas City on the evening of April 11<sup>th</sup> and secured the cylinder. EMI representatives transported the cylinder to Oklahoma on April 12<sup>th</sup> and completed the neutralization/disposal of the chlorine gas on April 14<sup>th</sup> by releasing the chlorine gas in a sodium hydroxide bath.

A Finding of Imminent and Substantial Endangerment/Action Memorandum was approved on April 14, 1997 for \$11,520. A Final POLREP was issued on May 14, 1997 and reported that final extramural contract/disposal costs were \$5,991.<sup>5</sup>

## **Summary and Conclusions**

Based on EPA's on-site observations and the response actions taken by EPA personnel, it has been determined that no significant releases of hazardous substances to ground water, surface water, soil, or air occurred at the site. All source materials have been removed from the site and EPA believes that no trace levels of chemical residues remain from prior releases and the situation does not present a significant threat to on-site workers, the surrounding population, or the environment.

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<sup>4</sup> Record of FAX Communication from Ron Kozel, IDNR to Mark Thomas, EPA. July 7, 1995.

<sup>5</sup> Final Pollution Report (POLREP), Mark Thomas, USEPA Region VII, September 8, 1998.

The chlorine cylinder has been removed and destroyed. No hazardous substances remain on site.

Because no hazardous waste, or threat of hazardous waste, remain on site, EPA has determined that the site does not present an unacceptable risk to the public health or the environment and no further removal or remedial action is required or planned. EPA has further determined that the site qualifies for an "abbreviated" PA in accordance with Section 2.2.4 of the *EPA Guidance for Performing Preliminary Assessments Under CERCLA*<sup>6</sup> and Section 300.420 of the NCP as reviewed by Region VII Office of Regional Counsel<sup>7</sup>.

Since no further action is warranted under CERCLA, it is recommended that the site be archived from the CERCLIS database.

## Attachments

Figure 1. Site Location Map

Potential Hazardous Waste Site Identification Form

Potential Hazardous Waste Site Preliminary Assessment Form

CERCLIS List #09: Site Comprehensive Listing Page

*Action Memorandum/Finding of Imminent and Substantial Endangerment*, Superfund Division, USEPA Region VII, April 16, 1997.

*Leaking Chlorine Gas Cylinder Project Report*, Environmental Management, Inc., EMI Job Number 00289-77, April 11, 1997.

*Final POLREP*, Superfund Division, USEPA Region VII, May 14, 1997.

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<sup>6</sup> U.S. EPA, Office of Emergency and Remedial Response, *EPA Guidance for Performing Preliminary Assessments Under CERCLA*, Washington, D.C., September 1991.

<sup>7</sup> *Legal Requirements for CERCLA Preliminary Assessments*, Memo from Dave Cozad, Region VII Office of Regional Counsel to Paul Doherty, Region VII Superfund Division, USEPA Region VII, Kansas City, Kansas, November 13, 1997.





POTENTIAL HAZARDOUS WASTE SITE  
SITE IDENTIFICATION

|      |                |
|------|----------------|
| Site | Identification |
| MO   | MO             |

II. SITE NAME AND LOCATION

|  |   |             |           |                |              |
|--|---|-------------|-----------|----------------|--------------|
| 01 SITE NAME (Local, common, or descriptive name or use) | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER |             |           |                |              |
| Ferrell Gas Chlorine Cylinder                            | 1206 Southwest Market                                 |             |           |                |              |
| 03 CITY  | 04 STATE  | 05 ZIP CODE | 06 COUNTY | 07 COUNTY CODE | 08 CONG DIST |
| Lee Summit   | MO  | 64063       | JACKSON   |                |              |

09 DIRECTIONS TO SITE (Starting from nearest public road)

From intersection of Hwy 50E and 291S. go south on 291S. approximately .5 miles to Market St. Go west on market street approximately 1 city block. Facility is on the west side of street.

III. RESPONSIBLE PARTIES

|  |   |             |                     |
|--|---|-------------|---------------------|
| 01 OWNER (Name)  | 02 STREET (Business/residential, meaning) |             |                     |
| Ferrell Gas Co.  | 1206 Southwest Market St                  |             |                     |
| 03 CITY  | 04 STATE                                  | 05 ZIP CODE | 06 TELEPHONE NUMBER |
| Lee Summit   | MO  | 64063       | (816) 654-0451      |
| 07 OPERATOR (If known and different from owner)  | 08 STREET (Business/residential, meaning) |             |                     |
|  |   |             |                     |
| 09 CITY  | 10 STATE                                  | 11 ZIP CODE | 12 TELEPHONE NUMBER |
|  |   |             | ( )                 |
| 13 TYPE OF OWNERSHIP (Check one)<br><input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL<br><input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN |   |             |                     |

IV. HOW IDENTIFIED

|                             |  |
|-----------------------------|--|
| 01 DATE IDENTIFIED          | 02 IDENTIFIED BY (Check all that apply)  |
| 4, 10, 97<br>MONTH DAY YEAR | <input type="checkbox"/> A. CITIZEN COMPLAINT <input type="checkbox"/> B. INDUSTRY <input checked="" type="checkbox"/> C. STATE/LOCAL GOVERNMENT <input type="checkbox"/> D. AERIAL RECONNAISSANCE<br><input type="checkbox"/> E. RCRA INSPECTION <input type="checkbox"/> F. SURFACE IMPOUNDMENT ASSESSMENT <input type="checkbox"/> G. OTHER EPA IDENTIFICATION<br><input type="checkbox"/> H. OTHER _____ (Specify) |

V. SITE CHARACTERIZATION

|  |
|--|
| 01 TYPE OF SITE (Check all that apply)   |
| <input type="checkbox"/> A. STORAGE <input type="checkbox"/> B. TREATMENT <input type="checkbox"/> C. DISPOSAL <input checked="" type="checkbox"/> D. UNAUTHORIZED DUMPING <input type="checkbox"/> E. OTHER _____ (Specify) |

02 SUMMARY OF KNOWN PROBLEMS (Provide narrative description)

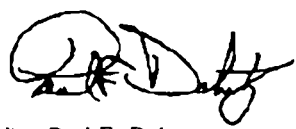
A gas cylinder containing chlorine was abandoned at the facility. The cylinder is approximately 38 inches tall and may contain up to 100 lbs of chlorine gas.

03 SUMMARY OF ALLEGED OR POTENTIAL PROBLEMS (Provide narrative description)

The cylinder was overpacked by the Lee Summit F.D. The cylinder continues to leak chlorine gas. specialize equipment is required to secure the leak. A contractor from the Chlorine Institute is en route to secure the cylinder and dispose of its contents

VI. INFORMATION AVAILABLE FROM

|                |                               |                     |                     |                             |
|----------------|-------------------------------|---------------------|---------------------|-----------------------------|
| 01 CONTACT     | 02 OF (Agency/Original owner) | 03 TELEPHONE NUMBER |                     |                             |
|                |                               | ( )                 |                     |                             |
| 04 PREPARED BY | 05 AGENCY                     | 06 ORGANIZATION     | 07 TELEPHONE NUMBER | 08 DATE                     |
| Jim Augustyn   | U.S. EPA                      | ER&R                | (913) 551-7057      | 4, 14, 97<br>MONTH DAY YEAR |

|   |                 |  |              |
|---|-----------------|--|--------------|
| <b>EPA</b><br><b>Potential Hazardous Waste Site</b><br><b>Preliminary Assessment Form</b><br>Page 1 of 2  |                 | <b>Identification</b><br>State: MO      CERCLIS #: MO0001900612<br>CERCLIS Discovery Date: April 10, 1997  |              |
| <b>1. General Site Information</b>  |                 |  |              |
| Name: Ferrell Gas Cylinder Site   |                 | Street Address: 1206 Southwest Market Street   |              |
| City: Lee's Summit  |                 |  |              |
| State: MO   | Zip Code: 64081 | County: Jackson  | County Code: |
| Congressional District:   |                 |  |              |
| Latitude: 38° 53' 54" Longitude: -94° 22' 35"   |                 | Approximate Area of Site:  |              |
|   |                 | Status of Site:  |              |
|   |                 | <input type="checkbox"/> Active <input type="checkbox"/> Not Specified<br><input checked="" type="checkbox"/> Inactive <input type="checkbox"/> NA (non site)  |              |
| <b>2. Owner/Operator Information</b>  |                 |  |              |
| Owner: unknown (midnight dumper)  |                 | Operator: midnight dumper  |              |
| Street Address:   |                 | Street Address:  |              |
| City:   |                 | City:  |              |
| State:  | Zip Code:       | Telephone:   |              |
| Type of Ownership:  |                 | How Initially Identified:  |              |
| <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> Federal Agency Name:<br><input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Not Specified<br><input type="checkbox"/> Indian <input type="checkbox"/> Other: _____  |                 | <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Federal Program<br><input type="checkbox"/> PA Petition <input type="checkbox"/> Incidental<br><input checked="" type="checkbox"/> State/Local Program <input type="checkbox"/> Not Specified<br><input type="checkbox"/> RCRA/CERCLA Notification <input type="checkbox"/> Other: _____ |              |
| <b>3. Site Evaluator Information</b>  |                 |  |              |
| Name of Evaluator: Paul Doherty   |                 | Name of Organization: USEPA Superfund Division   |              |
| Date: 1/8/99  |                 |  |              |
| Street Address: 726 Minnesota Ave   |                 | City: Kansas City  |              |
| State: KS   |                 |  |              |
| Name of EPA or State Agency Contact: Bryant Burnett   |                 | Street Address: 726 Minnesota  |              |
| City: Kansas City   |                 | State: KS  |              |
| Telephone: (913) 551-7742   |                 |  |              |
| <b>4. Site Disposition (for EPA use only)</b>   |                 |  |              |
| Emergency Response/Removal Assessment Recommendation:   |                 | CERCLIS Recommendation:  |              |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No - Removal Action Completed April 11, 1997 - No further action required<br>Date: April 1997   |                 | <input type="checkbox"/> Higher Priority SI<br><input type="checkbox"/> Lower Priority SI<br><input checked="" type="checkbox"/> NFRAP<br><input type="checkbox"/> RCRA<br><input type="checkbox"/> Other: _____<br>Date: January 1999   |              |
|   |                 | Signature: <br>Name (typed): Paul E. Doherty<br>Position: Site Assessment Coordinator   |              |
| <b>5. General Site Characteristics</b>  |                 |  |              |
| Predominant Land Uses Within 1 Mile of Site (check all that apply):   |                 | Site Setting:  |              |
| <input type="checkbox"/> Industrial <input type="checkbox"/> Agriculture <input type="checkbox"/> DOI <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Mining<br><input type="checkbox"/> Other Federal Facility _____ <input checked="" type="checkbox"/> Residential <input type="checkbox"/> DOD<br><input type="checkbox"/> Forest/Fields <input type="checkbox"/> DOE <input type="checkbox"/> Other: _____ |                 | <input checked="" type="checkbox"/> Urban<br><input type="checkbox"/> Suburban<br><input type="checkbox"/> Rural   |              |
|   |                 | Years of Operation:  |              |
|   |                 | <input checked="" type="checkbox"/> Unknown  |              |

## 5. General Site Characteristics (Continued)

Type of Site Operations (check all that apply):

☐ Manufacturing (must check subcategory)

- ☐ Lumber and Wood Products    ☐ Inorganic Chemical    ☐ Plastic and/or Rubber Products    ☐ Paints, Varnishes  
☐ Industrial Organic Chemicals    ☐ Agricultural Chemicals (e.g., adhesives, explosives, ink)    ☐ Primary Metals  
☐ Metal Coating, Plating, Engraving    ☐ Metal Forging, Stamping    ☐ Fabricated Structural Metal Products  
☐ Electronic Equipment    ☐ Other Manufacturing

☐ Mining

- ☐ Metals    ☐ Coal    ☐ Oil and Gas    ☐ Non-metallic Minerals    ☐ Retail    ☐ Recycling  
☐ Junk/Salvage Yard    ☐ Municipal Landfill    ☐ Other Landfill    ☐ DOD    ☐ DOE  
☐ DOI    ☐ Other Federal Facility

☐ RCRA

- ☐ Treatment, Storage, or Disposal    ☐ Large Quantity Generator    ☐ Small Quantity Generator    ☐ Subtitle D  
☐ Municipal    ☐ Industrial  
☐ "Converter"    ☐ "Protective Filer"    ☐ "Non- or Late Filer"

☐ Not Specified☒ Other : Site was location of abandoned chlorine gas cylinders

Waste Generated:

- ☐ Onsite  
☒ Offsite  
☐ Onsite and Offsite

Waste Deposition Authorized By:

- ☐ Present Owner  
☐ Former Owner  
☐ Present & Former Owner  
☒ Unauthorized  
☒ Unknown

Waste Accessible to the Public:

- ☒ YES  
☐ NO

 Distance to Nearest Dwelling, School, or Workplace:  
 NA Feet

## 6. Waste Characteristics Information

Source Type: (check all that apply)

Source Waste Quantity: Tier\*:  
(Include units)

- |  |         |       |
|--|---------|-------|
| <input type="checkbox"/> Landfill  | _____   | _____ |
| <input type="checkbox"/> Surface Impoundment                                       | _____   | _____ |
| <input type="checkbox"/> Drums   | _____   | _____ |
| <input type="checkbox"/> Tanks and Non-Drum Containers                             | _____   | _____ |
| <input type="checkbox"/> Chemical Waste Pile                                       | _____   | _____ |
| <input type="checkbox"/> Scrap Metal or Junk Pile                                  | _____   | _____ |
| <input type="checkbox"/> Tailings Pile   | _____   | _____ |
| <input type="checkbox"/> Trash Pile (open dump)                                    | _____   | _____ |
| <input type="checkbox"/> Land Treatment  | _____   | _____ |
| <input type="checkbox"/> Contaminated Ground Water Plume (Unidentified Source)     | _____   | _____ |
| <input type="checkbox"/> Contaminated Surface Water/Sediment (Unidentified Source) | _____   | _____ |
| <input type="checkbox"/> Contaminated Soil   | _____   | _____ |
| <input checked="" type="checkbox"/> Other: chlorine gas cylinder                   | 100 lbs | C     |

General Types of Waste (check all that apply)

- ☐ Metals    ☐ Pesticides/Herbicides  
☐ Organics    ☐ Acids/Bases  
☒ Inorganics    ☐ Oily Waste  
☐ Solvents    ☐ Municipal Waste  
☐ Paints/Pigments    ☐ Mining Waste  
☐ Explosives    ☐ Laboratory Waste  
☐ Radioactive Waste    ☐ Other  
☐ Construction/Demolition

Physical State of Waste as Deposited (check all that apply):

- ☐ Solid  
☐ Sludge  
☐ Powder  
☐ Liquid  
☒ Gas

Note: All sources have been removed from the facility.

\* C = Constituent, W = Wastestream, V = Volume, A = Area

Note: all wastes removed



\*\* PRODUCTION VERSION \*\*  
 U.S. EPA SUPER PROGRAM  
 \*\* C E R C 3 \*\*  
 LIST-09 SITE COMPREHENSIVE LISTING

```

RUN DATE: 12/10/1997
CERCLUS3 DAT/   DATE: 12/10/1997
CERCLUS3 DAT.   TIME: 3:40 PM
VERSION: 1.00

```

| EPA ID                  |              | SITE NAME                     |      | LATITUDE            |       | SMSA          |            | ACTUAL             |             | ACTUAL     |               | CURRENT           |  |
|-------------------------|--------------|-------------------------------|------|---------------------|-------|---------------|------------|--------------------|-------------|------------|---------------|-------------------|--|
| SITE ID                 | ALIAS #      | STREET                        | CITY | STATE               | ZIP   | LONGITUDE     | HYDRO UNIT | OU                 | ACTION      | START DATE | COMPLETE DATE | ACTION LEAD       |  |
| Region: 07              |              |                               |      |                     |       |               |            |                    |             |            |               |                   |  |
| 0703078                 | MO0001900612 | FERRELL GAS CHLORIDE CYLINDER |      |                     |       |               |            | 00                 | DISCVRY001  |            | 04/10/1997    | EPA Fund-Financed |  |
|                         |              | 1206 SW MARKET ST             |      |                     |       |               |            | 00                 | RMVLR001    | 04/10/1997 | 04/11/1997    | EPA Fund-Financed |  |
|                         |              | LEES SUMMIT                   |      | MO                  | 64081 | Geograph      |            | 00                 | ADMM REC001 | 08/02/1997 |               | EPA Fund-Financed |  |
|                         |              | JACKSON                       |      |                     |       |               |            |                    |             |            |               |                   |  |
| CONGRESSIONAL DISTRICT: |              | OWNERSHIP: PR                 |      | FEDERAL FACILITY: N |       | NPL STATUS: N |            | NPL UPDATE NUMBER: |             |            |               |                   |  |
| NO PRP SEARCH           |              |                               |      |                     |       |               |            |                    |             |            |               |                   |  |

Break: \_\_\_\_\_

Other: \_\_\_\_\_

## FINDING OF IMMINENT AND SUBSTANTIAL ENDANGERMENT

Ferrell Gas Chlorine Cylinder Site  
1206 Southwest Market St. Lee's Summit, MO 64081

Based on the factors outlined below, I have determined that a threat exists to the public health or welfare or the environment at this site/incident. An imminent and substantial endangerment to the public health or welfare or the environment exists because of an actual or threatened release of a hazardous substance at or from the site/incident.

### I. SITE INFORMATION

Site Name: Ferrell Gas Chlorine Cylinder Site  
Site Number: YB

Site Location: 1206 Southwest Market St.  
Lee's Summit, MO 64081

Potentially Responsible Party:

Ferrell Gas Company  
1775 NE Chouteau Trfwy  
Kansas City, MO 64120  
(816) 468-7700

Access: ☐ Restricted ☒ Unrestricted

NPL Status: Not on nor proposed for inclusion to NPL

Removal Start Date: 04/10/97

### II. THREAT TO THE PUBLIC HEALTH OR WELFARE OR THE ENVIRONMENT

A. Site Background (attach ERNS or trip report or provide date of initial notification, name of notifier, amount and substance released. Document identity of property owner, cause of release and interviews, including contact names, addresses, phone numbers)

Request for assistance from Mr. Norm Brown, MDNR, was received by EPA at 1610 hrs, April 10, 1997 (see attached ERNS report #04107-DH-1610)

A leaking chlorine gas cylinder was abandoned on Ferrell Gas' property at the address mentioned above. Representatives from the company indicated the cylinder was abandoned by an unknown party and that the company does not produce/distribute chlorine products and did not have the expertise to safely handle or dispose of the cylinder. EPA OSC spoke with the following company representatives during the incident:

Mr. Ross Warneil  
Technical Standards  
and Process Mgr  
(816) 792-6998

Mr. Cliff Slisz  
Manager of Safety  
(816) 792-6920

Mr. David Webb  
Facility Manager  
(816) 356-0415

Mr. James Helgason, MDNR representative, (816) 554-4100 and Mr. Gary Trigg from Lee's Summit Fire Department (816) 251-2350 were on the scene.

**B Hazardous Substances Present (describe container/material - attach drums sheets if available)**

A single chlorine gas cylinder (approximately 100 lbs) was abandoned at the site. The cylinder was leaking at the valve assembly and due to its deterioration the release could not be secured. The cylinder did not adhere to industry standards for size and dimension. Due to the unusual dimensions of the cylinder, a standard Class A chlorine kit could not be used by the Lee's Summit Fire Department to secure the cylinder.

**C Nature of Actual or Threatened Release of Hazardous Substance (e.g., drum of unknown materials, leaking drum, unknown material in soil, unlimited site access, etc.):**

Mr. Helgason, MDNR's representative, confirmed the chlorine gas release by using ammonia vapors and Drager tubes. In addition, every 3 to 5 seconds a bubble was observed forming around the valve assembly.

The cylinder was located in an unrestricted area near residential properties. The valve assembly on the cylinder had severely deteriorated. Exposure of the leaking chlorine gas to adverse weather conditions could produce a hydrochloric acid solution which would accelerate the deterioration of the valve assembly until it completely failed and a catastrophic release occurred.

Check applicable factors (from 40 CFR 300.415) which were considered in determining the appropriateness of a removal action:

  X   Actual or potential exposure to nearby human populations, animals or the food chain from hazardous substances or pollutants or contaminants [300.415(b)(2)(I)]

       Actual or potential contamination of drinking water supplies or sensitive ecosystems [300.415(b)(2)(ii)]

X Hazardous substances or pollutants or contaminants in drums, barrels, tanks, or other bulk storage containers, that pose a threat of release [300.415(b)(2)(iii)]

\_\_\_ High levels of hazardous substances or pollutants or contaminants in soils largely at or near the surface, that may migrate [300.415(b)(2)(iv)]

X Weather conditions that may cause hazardous substances or pollutants or contaminants to migrate or be released [300.415(b)(2)(v)]

\_\_\_ Threat of fire or explosion [300.415(b)(2)(vi)]

X The availability of other appropriate Federal or State response mechanisms to respond to the release [300.415(b)(2)(vii)]

\_\_\_ Other situations or factors that may pose threats to the public health or welfare or the environment [300.415(b)(viii)]

**III. SELECTED REMOVAL ACTION** (attach POLREPS, ERCS delivery order or describe disposal arrangements, treatment, identification of hazardous substances, security arrangements, etc )

Due to the proximity to residential properties, the EPA OSC directed that the cylinder be removed from the site. The Lee's Summit Fire Department placed the cylinder in an overpack drum and the OSC transported it to a secure EPA facility.

On 4/11/97, Mr. Jack Ahern of the Chlorine Institute, (202) 872-4723, was contacted for assistance. Mr. Ahern recommended contacting Vulcan Chemical Company which is the regional representative to the Chlorine Institute. Mr. Tracy Winter from Vulcan Chemical Company, (316) 529-7216, provided the name for a response contractor his company uses for chlorine releases. Mr. Winter highly recommended the contractor due to the nonstandard dimensions of the cylinder and the potential for an ongoing release since the cylinder was not secure in an appropriate recovery vessel.

Environmental Management Inc. (EMI), from Guthrie, OK, was selected as the response contractor for this incident. EMI is the Chlorine Institute's response contractor for this region of the country. EMI has the technical expertise and specialized equipment necessary to recover and dispose of chlorine cylinders of various sizes and dimensions.

EMI mobilized on 4/11/97 to Dodge Warehouse in Kansas City where the cylinder was secured by the OSC. The cylinder was placed in a recovery vessel and transported to EMI's facility in Guthrie, OK for disposal.

#### IV. ESTIMATED COSTS

##### Extramural Costs

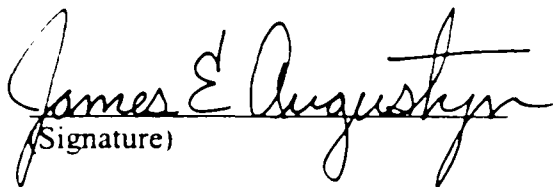
|                                  |            |
|----------------------------------|------------|
| Regional Removal Allowance Costs | \$ 6,000   |
| Contingency 10%                  | <u>600</u> |
| Subtotal, Extramural Costs       | \$ 6,600   |

##### Intramural Costs

|                            |              |
|----------------------------|--------------|
| Direct                     | \$ 1,600     |
| Indirect                   | <u>3,320</u> |
| Subtotal, Intramural Costs | \$ 4,920     |

|                                |                  |
|--------------------------------|------------------|
| TOTAL, REMOVAL PROJECT CEILING | <u>\$ 11,520</u> |
|--------------------------------|------------------|

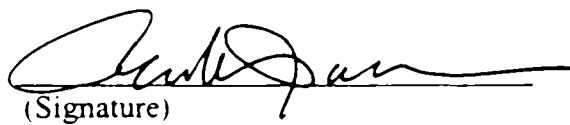
This finding of imminent and substantial endangerment has been entered into the site or incident's administrative record.

  
(Signature)

James E. Augustyn  
(Typed/Printed Name)

U.S. EPA, On-Scene Coordinator  
(Title)

4/16/97  
(Date)

  
(Signature)

Robert W. Jackson  
(Typed/Printed Name)

Chief, ER&R Branch  
(Title)

4-16-97  
(Date)

## ERNS INCIDENT NOTIFICATION REPORT

Regional Case Number 04127-DH-1610

|   |   |   |  |
|---|---|---|--|
| Reported (mm/dd/yyyy): 11/10/07   | Time (HH:MM): 1610  | Multiple Report: <input type="checkbox"/>   | Regional Time (HH:MM): 1610  |
| Recorded By: [Signature]  | Multiple Regional Case Number: _____  |   |  |
| Through NRC: <input type="checkbox"/>   | NRC Case Number: _____  | SSI Report: <input type="checkbox"/>  | CR Number: _____   |
| <b>A. REPORTER</b><br>Privacy Act   | Confidentiality Requested: <input type="checkbox"/> Reported By: [Signature]  |   |  |
|   | Organization Name: MOORE Johnson City [Signature]   |   |  |
| Organization: (Check One)   | <input type="checkbox"/> Discharger <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Unknown                      |   |  |
| Address: _____  |   | Phone: (573) 634-2436 ext. _____  |  |
| City: _____   | County: _____   | State: _____  | Zip: _____   |
| <b>B. DISCHARGER</b>  | Same As A: <input type="checkbox"/>   | Organization: (Check One)   | <input type="checkbox"/> Private Co <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Unknown |
| Discharger Name: [Signature] [Signature] [Signature]                          |   | Phone: ( ) _____ ext.: _____  |  |
| Contact Name: [Signature]   |   | 2nd Phone: ( ) _____ ext.: _____  |  |
| Address: _____  |   | Facility ID Number: _____   |  |
| City: _____   | County: _____   | State: _____  | Zip: _____   |
| <b>C. INCIDENT LOCATION</b>   | Same As A: <input type="checkbox"/>   | Street or Approx. Location: 1236 Southwest Market Highway 291   |  |
|   | Same As B: <input type="checkbox"/>   | On Fernald Hqs Property   |  |
| City: Lee Summit  | County: _____   | State: MO   | Zip: _____ Milepost: _____   |
| <b>D. DATE</b>  | Discovery Date (mm/dd/yyyy): _____  | Spill Date (mm/dd/yyyy): _____  | Spill Time (HH:MM): _____  |
| <b>E. MATERIAL</b>  | Material Type (Check One) <input type="checkbox"/> Unknown <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Haz Sub <input type="checkbox"/> Other  |   |  |
|   | Material Name   | CHRIS   | CAS No   |
| 1   | Chlorine  |   |  |
| 2   |   |   |  |
| 3   |   |   |  |
| <b>F. SOURCE</b>  | Source of Spill (Check Any) <input type="checkbox"/> Highway <input type="checkbox"/> Railway <input type="checkbox"/> Pipeline <input type="checkbox"/> UST <input type="checkbox"/> Fixed Facility <input type="checkbox"/> Other |   |  |
|   | <input type="checkbox"/> Air Transport <input type="checkbox"/> Vessel <input type="checkbox"/> Offshore <input type="checkbox"/> AST <input type="checkbox"/> Unknown  |   |  |
| Vehicle ID or Carrier No.: _____  | Number of Tanks: _____  | Tank Capacity: _____  | Tank Units: (Circle One) <input type="checkbox"/> lb <input type="checkbox"/> bbl <input type="checkbox"/> dm <input type="checkbox"/> unit  |
| Source Description: 75 lb Chlorine cylinder from machine currently leaking    |   |   |  |
| <b>G. MEDIUM</b>  | Medium Affected: (Check Any) <input checked="" type="checkbox"/> None <input type="checkbox"/> Land <input type="checkbox"/> Groundwater <input type="checkbox"/> Other   |   |  |
|   | <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Within Facility <input type="checkbox"/> Unknown  |   |  |
| Waterway Affected: _____  |   |   |  |
| <b>H. CAUSE</b>   | Reported Cause: (Check Any) <input type="checkbox"/> Transportation Accident <input type="checkbox"/> Operational Error <input checked="" type="checkbox"/> Dumping <input type="checkbox"/> Other                                  |   |  |
|   | <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Natural Phenomenon <input type="checkbox"/> Unknown   |   |  |
| Cause Description: Cylinder dumped, valve in poor condition                   |   |   |  |
| <b>I. DAMAGE</b>  | No. of Injuries: _____ <input type="checkbox"/> None  | No. of Deaths: _____ <input type="checkbox"/> None  | Property Damage >\$50,000: <input type="checkbox"/>  |
| <b>J. ACTIONS</b>   | Evacuation: <input type="checkbox"/> Response Actions Taken: MOORE requests assistance. Lee Summit Fire Dept on scene. Dispatched OSC for assistance to investigate   |   |  |
| <b>K. NOTIFIED</b>  | Caller Has Notified: (Check Any) <input type="checkbox"/> State/Local <input type="checkbox"/> Discharger <input type="checkbox"/> USCG <input type="checkbox"/> Other <input type="checkbox"/> Unknown                             |   |  |
| Agency Name: _____  |   |   |  |
| <b>L. COMMENTS</b>  | Comments: _____   |   |  |
| Additional Information (See Reverse Side) <input checked="" type="checkbox"/> |   |   |  |
| <b>M. RESPONSE AND EVALUATION</b>   | Response Comments: OSC from Discharger sent to investigate  |   |  |
| Agency Name: _____  | (Check One)   | <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown |  |
| Agency Name: _____  | (Check One)   | <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown |  |
| Agency Name: _____  | (Check One)   | <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown |  |

## REGION 7 INCIDENT NOTIFICATION REPORT

Regional Case Number \_\_\_\_\_

|  |   |   |             |
|--|---|---|-------------|
| <b>FOLLOW-UP</b>   | Update Date: (mm/dd/yyyy)   |   | Updated By: |
| <b>C. INCIDENT LOCATION</b>  | Dun & Bradstreet No.  |   |             |
| <b>F. SOURCE</b>   | Source Code:  |   |             |
| <b>G. MEDIUM</b>   | Medium Code:  | Threat Code(s):   |             |
| <b>H. CAUSE</b>  | Cause Code:   |   |             |
| <b>J. ACTIONS</b>  | No. of Persons Evacuated:   |   |             |
| <b>M. RESPONSE AND EVALUATION</b>  | Incident Status Code (Check One) <input checked="" type="checkbox"/> Classic Incident <input type="checkbox"/> Critical Incident <input type="checkbox"/> Non-Critical Incident <input type="checkbox"/> No Further Action <input type="checkbox"/> Remedial Action <input type="checkbox"/> Field Simulation |   |             |
| Emergency Response Activity Within 24 Hours <input checked="" type="checkbox"/>  |   | Emergency Response Activity Date: (mm/dd/yyyy) 04/10/97 |             |
| Responding OSC: JIM AUGUSTYN   |   |   |             |
| Action Memo Date: (mm/dd/yyyy)   | Action Memo Approved: <input type="checkbox"/>  | POLREP Date: (mm/dd/yyyy)                               |             |
| Release Investigation: <input type="checkbox"/>  | On-Scene Monitoring: <input checked="" type="checkbox"/>  | Telephone Assistance: <input type="checkbox"/>          |             |
| TDD No:  | Enforcement Activities:   |   |             |
| Other Follow-up Comments:  |   |   |             |
| OSC ARRIVED ON SCENE AT APPROXIMATELY 6:00 PM. JAMES HELGISON FROM MDNR AND GARY TRIGG FROM LEE SUMMIT FIRE DEPT WERE ON SCENE. THE GAS CYLINDER WAS LOCATED IN AN OPEN AREA ADJACENT TO A BUSY STREET AND RESIDENTIAL PROPERTIES. THE OWNERS OF THE PROPERTY CLAIMED THE CYLINDER WAS DUMPED THERE BY AN UNK PARTY AND THAT THEY DID NOT HAVE THE EXPERTISE TO HANDLE IT. THE LEE SUMMIT F.D. OVERPACKED THE CYLINDER AND THE OSC TRANSPORTED IT BACK TO DODGE WHEEL. |   |   |             |
| ENV. MGT INC. A CONTRACTOR FOR THE CHLORINE INSTITUTE HAS BEEN MOBILIZED FROM GUTHRIE, OK TO SECURE THE CYLINDER AND DISPOSE OF ITS CONTENTS.  |   |   |             |
| EMI IS SCHEDULED TO ARRIVE ABOUT 1700HRS, 4/11/97  |   |   |             |

# ENVIRONMENTAL MANAGEMENT, INC.

## EMERGENCY SITE SAFETY AND HEALTH PLAN

INSTRUCTIONS: Check response where appropriate, use second sheet for additional responses and for site map.

Date: 4-11-97 Site Location: 3150 Dodge Road K.C. KS

Emergency Numbers: Ambulance 911 Fire 911  
Police 911 Medical Facility St. Luke's  
Other \_\_\_\_\_

Nearest Medical Facility Name St. Luke's Hosp.  
Address \_\_\_\_\_

Surrounding Population: ☐ Industrial ☐ Residential ☐ Urban Other \_\_\_\_\_

Type of work to be done: Place cylinder in chlorine casket.

Work zones established: ☒ Hot ☒ Warm ☒ Cold (Mark location on site map)

Command Post Location: (Mark location on site map)

Names and amounts of chemicals present Chlorine Cylinder  
# UN1017

Chemical's Primary Hazard: ☒ Toxic ☐ Flammable ☐ Corrosive Other \_\_\_\_\_

Level of Protection required: Hot Zone B Warm Zone C

Entry team objectives Contain LEAK.

Rescue team established for IDLH areas? ☒ Yes ☐ No

Communications: ☐ Radio ☒ Hand Signals ☒ Verbal Other \_\_\_\_\_

Decontamination: Equipment needed Water Source.

Solvent: ☒ Water ☐ Petroleum solvent ☐ Soap Other \_\_\_\_\_

Decon Stations: ☒ Outer garment wash and rinse ☐ Boot and glove removal  
☐ SCBA Removal ☐ Garment removal ☐ Field wash  
Other \_\_\_\_\_



Monitoring Equipment Used Ammonia, pH paper  
Readings \_\_\_\_\_

FOLLOW STANDARD OPERATING PROCEDURES FOR EMERGENCIES

Evacuation Escape routes, meeting place (Mark on site map)  
Evacuation Signal Verbal  
Safety officer responsible for head count \_\_\_\_\_

✓ Monitor teams for blood pressure, pulse rate, body temperature

Site Manager Bill Williams Safety Officer EPH. Jim Augustyn

Decon Officer \_\_\_\_\_ Medical Officer \_\_\_\_\_

Entry Team K Jackson, R. Dozier  
\_\_\_\_\_  
\_\_\_\_\_

Back Up Team Bill Williams  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_

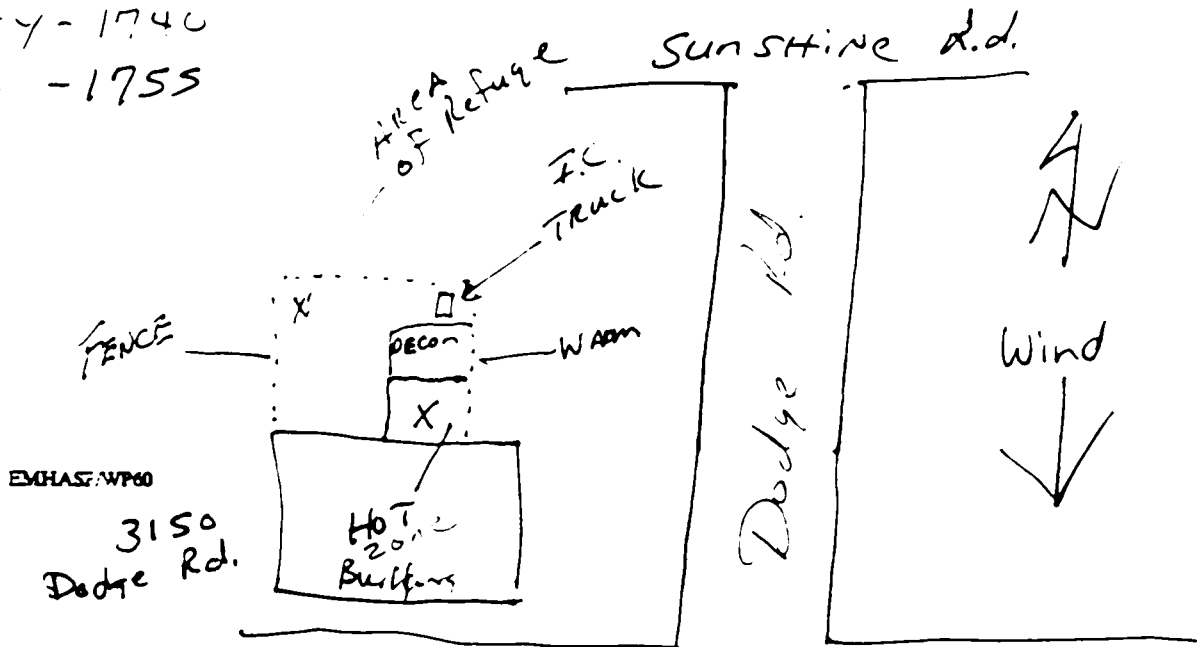
All Participants Briefed? ☒ Yes ☐ No

Signatures William Wille James Augustyn EPH  
Bill Williams  
Don Dozier

SITE MAP

Use additional paper if necessary

Entry - 1740  
Exit - 1755



# ENVIRONMENTAL MANAGEMENT, INC.

## AUTHORIZATION TO BEGIN WORK

I, James E Augustyn (Print Name), of

U.S. Environmental Protection Agency (Company Name)

do hereby authorize Environmental Management, Inc. to begin work on the

Chlorine Cylinder project based on the pricing and  
payment terms provided.

Our P.O. # is \_\_\_\_\_

For James E Augustyn  
U.S. EPA  
Signature

4/11/97  
Date

OSC

Title

Environmental Management, Inc.

P.O. Box 3940

Edmond, OK 73083-3940

(405) 348-5080

(405) 348-5098 FAX

Rt. 1, Box 102A

Guthrie, OK 73044

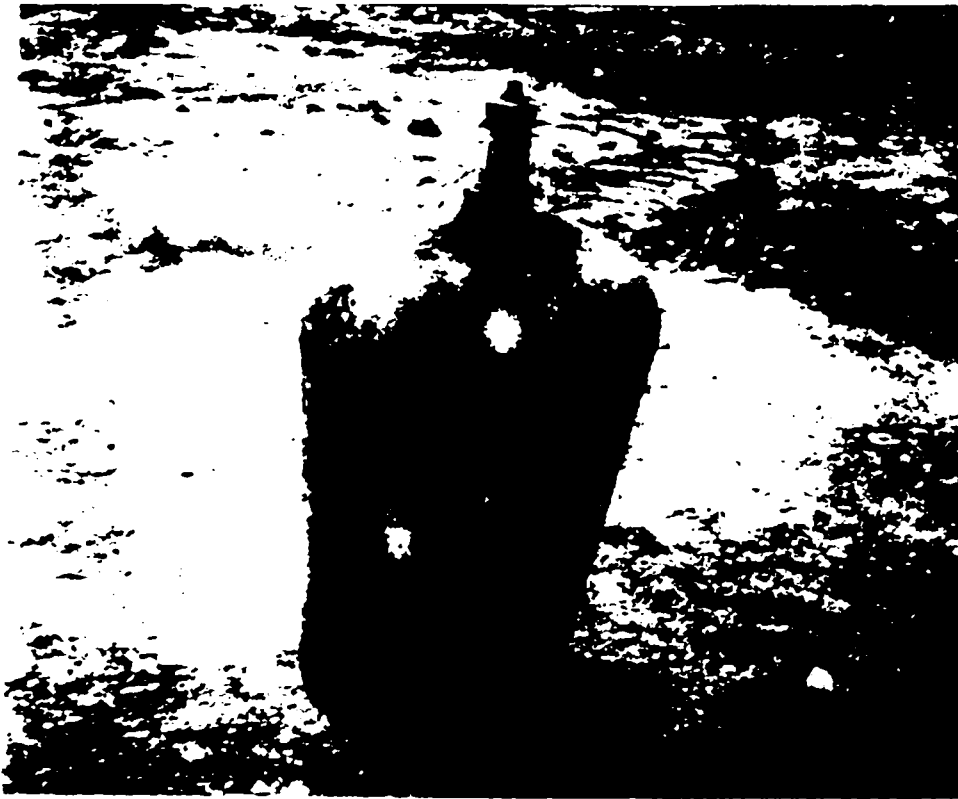
(405) 282-8510

(405) 282-8533 FAX



Environmental Management, Inc.  
P.O. Box 3940  
Edmond, OK 73083-3940

| Shipping Ticket   |  | 1. Generator's US EPA ID No. | Manifest Document No.                     | 2. Page 1 of                        | Document Number  |
|---|--|------------------------------|---|-------------------------------------|------------------|
| 3. Generator's Name and Mailing Address<br>U.S. EPA<br>726 MINNESOTA AVE<br>KANSAS CITY, KS 66115<br>4. Generator's Phone (913) 281-0991  |  |                              | A.  |                                     | 06751            |
| 5. Transporter 1 Company Name<br>ENVIRONMENTAL MANAGEMENT, INC.   |  |                              | 6. US EPA ID Number<br>OKD982293334       | C. State Transporter's ID 3237      |                  |
| 7. Transporter 2 Company Name   |  |                              | 8. US EPA ID Number                       | D. Transporter's Phone 405-282-8510 |                  |
| 9. Designated Facility Name and Site Address<br>ENVIRONMENTAL MANAGEMENT, INC.<br>RT-1, Box 102A<br>Guthrie, OK 73044   |  |                              | 10. US EPA ID Number<br>OKD982293334      | E. State Transporter's ID           |                  |
|   |  |                              |   | F. Transporter's Phone              |                  |
|   |  |                              |   | G. State Facility's ID 42003        |                  |
|   |  |                              |   | H. Facility's Phone 405-282-8510    |                  |
| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)  |  | 12. Containers No.           | 13. Total Quantity                        | 14. Unit Wt/Vol                     | 15. Waste No.    |
| a. CHLORINE, 2.3, POISON GAS, UN1017, RQ<br>Poison - inhalation HAZARD HAZARD ZONE B,<br>MARINE POLLUTANT   |  | 001                          | CV  | 0325                                | Pd               |
| b.  |  |                              |   |                                     |                  |
| c.  |  |                              |   |                                     |                  |
| d.  |  |                              |   |                                     |                  |
| J. Additional Descriptions for Materials Listed Above<br>100 pd CHLORINE cylinder in<br>A DOT. E9781 SALVAGE cylinder   |  |                              | K. Handling Codes for Wastes Listed Above |                                     |                  |
| 15. Special Handling Instructions and Additional Information<br>EMERGENCY CONTACT: E.M.I. 405-282-8510 24 HRS<br>UN #1017 E.R.G. #124   |  |                              |   |                                     |                  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations. |  |                              |   |                                     |                  |
| Printed/Typed Name<br>JAMES E AUGUSTYN  |  |                              | Signature<br>James E Augustyn             |                                     | Date<br>4/1/97   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  |                              | Signature<br>William M. Williams          |                                     | Date<br>04/1/97  |
| Printed/Typed Name<br>William M. Williams   |  |                              | Signature<br>Will. M. Will                |                                     | Date<br>04/1/97  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials   |  |                              | Signature                                 |                                     | Date             |
| Printed/Typed Name  |  |                              | Signature                                 |                                     | Date             |
| 19. Discrepancy Indication Space  |  |                              |   |                                     |                  |
| 20. Facility Owner or Operator: Certification of receipt of materials covered by this manifest except as noted in Item 19.  |  |                              |   |                                     |                  |
| Printed/Typed Name<br>H.W. MONTGOMERY   |  |                              | Signature<br>H.W. Montgomery              |                                     | Date<br>04/14/97 |





The waste liquids generated from the neutralization process.